

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445294	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/06/2013
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COLLEGEDALE			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 658, 9210 APISON PIKE COLLEGEDALE, TN 37315		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 280 SS=D	<p>A recertification survey and complaint investigation #32702 and #32583, was completed on November 6, 2013, at Life Care Center of Collegedale. No deficiencies were cited in relation to the complaints under 42 CFR PART 483.13, Requirements for Long Term Care.</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to revise a care plan for a Stage 2 pressure ulcer (a partial thickness loss of skin, presenting as a shallow pink or red open area)</p>	F 280	<p>1) Care plan for resident #114 for Stage 2 pressure ulcer on left buttocks was revised on 11-05-13 by Assistant Director of Nursing.</p> <p>2) Other affected residents were 100% audited of the pressure ulcer care plan. Minimum Data Set Coordinator and Regional Director of Clinical Services completed on 11-06-13.</p> <p>3) MDS coordinator was educated by Interim Director of Nursing on 11-21-13, to care plan pressure ulcers when identified. Residents with pressure ulcers will be care planned and/or revised by MDS Coordinators when identified. Interim DON and/or nurse coordinators will audit pressure ulcer tracking record to insure care plans are completed or revised as indicated weekly X4, monthly X2, and reported to Interim DON.</p>	<p>12-06-13</p> <p>12-06-13</p> <p>12-06-13</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Carol Youngberg *Administrator* *12-10-13*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 280	<p>Continued From page 1</p> <p>for one resident (#114) of three residents with pressure ulcers, of 35 residents reviewed.</p> <p>The findings included:</p> <p>Resident #114 was readmitted to the facility on February 22, 2013, with diagnoses including Syncope and Collapse, Muscle Weakness, Generalized Pain, and Pneumonia.</p> <p>Medical record review revealed the resident had been assessed as being at risk for pressure ulcers and weekly skin assessments were being completed. Continued review revealed on October 14, 2013, the resident developed a Stage 2 pressure ulcer on the left buttock measuring 1.5 cm. (centimeter) x 0.8 cm. x 0.1cm. Physician orders were obtained to clean the area with wound cleaner and apply Meplex (a foam dressing that absorbs wound fluid) every three days.</p> <p>Medical record review of the resident's current Care Plan revealed the care plan had not been revised/updated to address the Stage 2 pressure ulcer.</p> <p>Interview with Registered Nurse (RN) Supervisor at the 200 Hall Nursing Station, on November 6, 2013, at 8:15 a.m., confirmed the care plan had not been revised/updated to address the stage 2 pressure ulcer.</p>	F 280	<p>4) Interim DON and/or nurse manager will report findings to Performance Improvement Committee (Medical Director, Administrator, DON, Pharmacist, Director of Food Service, Director of Rehab, Social Service Director, Human Resource Director, Environmental Service Director, Activity Director, Plant Director, Health Information Manager), Monthly to review, analyze and make Recommendations as needed for three (3) consecutive months and/or until 100% compliance is achieved.</p>	12-06-13	
F 371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local</p>	F 371			

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F 371	Continued From page 2 authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide sanitary storage of food and equipment. The findings included: Observation of the dietary department on November 4, 2013, from 10:00 a.m. until 10:30 a.m., revealed: 1. Doors to the kitchen did not close completely; 2. Pitcher of juice in walk in cooler was undated, and available for use; 3. Thirty-six pound box of Turnips sitting on the floor of walk in freezer, and was available for use; 4. Two chicken breasts undated in walk in freezer, and were available for use; 5. Bag of sugar cookie cubes in the walk in freezer was opened and undated, and was available for use; 6. Bag of biscuits in the walk in freezer was opened and undated, and was available for use; 7. No thermometer was available in the milk cooler; 8. Five pound container of quick grits was opened and undated in the dry storage room, and was available for use; 9. Twenty-eight ounce container of wheat faris was opened and undated in the dry storage room, and was available for use;	F 371	1) Maintenance corrected doors on 11-05-13. The following actions were completed by Certified Dietary Manager on 11-04-13. Pitcher of juice immediately disposed turnips immediately placed on freezer shelf and placed in plastic bin on shelf. Chicken breasts, sugar cookies, biscuits were immediately disposed. Thermometer replaced in milk cooler Quick grits, wheat faris, quick oats, fruit flavored cereal, dehydrated coffee and lemon juice were disposed on 11-04-13. Open spice containers were immediately dated and closed. Ladels and mixing bowl were immediately cleaned. Two dirty pans on clean rack and two pans stored upright with water were cleaned immediately. Bucket with cleaning solution stored with juices was immediately removed to proper location. Grill was immediately cleaned prior to use on 11-04-13. Two pitchers stored upright on a wire rack were immediately removed and cleaned. 2) CDM and Registered Dietitian conducted in-service/education on proper food storage, proper labeling, cleaning schedules, thermometers, proper storage of clean equipment and supplies on 11-07-13. 3) CDM and/or RD will observe and document kitchen area on temperatures, cleaning equipment schedules, proper labeling, proper storage of chemicals, Proper storage of clean equipment, foods placed in proper containers on shelving to insure compliance. Staff will continue to receive in-service/education by CDM and/or RD X3 monthly and as needed to achieve compliance. Kitchen observation will be documented weekly X4 and monthly X2.	12-06-13	12-06-13

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F 371	<p>Continued From page 3</p> <p>10. Fourty-two ounce container of quick oats was opened and undated in the dry storage room, and was available for use;</p> <p>11. Bag of fruit flavored round type cereal was opened and undated in the dry storage room, and was available for use;</p> <p>12. Eight ounce bottle of dehydrated coffee was opened and undated in the dry storage room, and was available for use;</p> <p>13. Thirty-two ounce bottle of lemon juice was opened and undated in the dry storage room, and was available for use;</p> <p>Interview with the Dietitian on November 4, 2013, at 10:30 a.m., in the dietary department, confirmed the doors to the kitchen should close completely, the juice pitcher should have been dated, no boxes were to be stored on the floor, food in the freezer should be closed and dated after being opened, there was no thermometer in the milk cooler, and all foods in the dry storage area should have been closed and dated after being opened.</p> <p>Continued observation of the dietary department on November 4, 2013, from 11:15 a.m. to 11:45 a.m., revealed:</p> <ol style="list-style-type: none"> 1. Open spice containers, (onion powder, lemon pepper, garlic powder), was open and undated in the dry storage room, and were available for use; 2. Three ladles hanging from the pan rack had food debris in them, and were available for use; 3. Stand up mixer had food debris in the bottom of the mixing bowl, and were available for use; 4. Two #6 pans were stored dirty on the clean rack, and were available for use; 5. Two #6 pans were stored upright with water in the bottom of them on the clean rack, and were available for use; 	F 371	<p>4) CDM and/or RD will report findings to PI Committee (Medical Director, DON, ADON, Administrator, Pharmacist, ACT Director, SSD, CDM, RD, ES Director, RSM, HR Director) monthly to review, analyze and Make recommendations as needed for three (3) consecutive months and/or until Compliance is achieved.</p>	12-06-13	

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F 371	Continued From page 4 6. Bucket containing cleaning solution was stored on a shelf with juices also stored on the shelf; 7. Grill with crusty food substances and debris stuck to it, and was available for use; 8. Two pitchers were stored upright on a wire rack, and were available for use. Interview with the Dietitian on November 4, 2013, at 11:45 a.m., in the dietary department, confirmed the large food mixer was not clean, the spices should have been closed prior to storage, the ladles were dirty, the #6 pans were dirty as noted above, the bucket of cleaning solution was not to be stored on the same shelf with juices, the grill was dirty, and the pitchers should have been stored upside down.	F 371			
F 372 SS=D	483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to dispose of garbage and refuse properly to maintain sanitary conditions. The findings included: Observation of the garbage and refuse dumpster on November 4, 2013, from 10:00 a.m. until 10:15 a.m., revealed the garbage dumpster had two lids open with a half full dumpster of refuse. Further observation revealed refuse around the dumpster on the ground. This refuse included	F 372	1) The two lids open on the dumpster were immediately closed and the refuse around dumpster was cleaned immediately by Registered Dietitian on 11-04-13. 2) Dumpster contractor replaced dumpster for a new one on 11-12-13 3) CDM and/or RD will in-service/ educate staff on proper dispose of refuse in dumpster and maintaining doors closed on 11-26-13. CDM and/or RD will randomly observe dumpster for doors to be shut and free of refuse. Dumpster observations will be documented weekly X4 and monthly X2.	12-06-13 12-06-13 12-06-13	

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F 372	Continued From page 5 paper, cup lids, butter containers, and other types of kitchen refuse on the ground. Interview with the Dietitian on November 4, 2013, at 10:15 a.m., at the dumpster, confirmed the lids of the dumpster were not closed and refuse was not contained.	F 372	4) CDM and/or RD will report findings to PI Committee (Medical Director, Administrator, DON, ADON, Plant Director, Environmental Services Director, SSD, ACT Director, Rehab Director, CDM, RD, HR Director) monthly to review, analyze and make recommendations as needed for three (3) consecutive months and/or until compliance is achieved.	12-06-13	